

Substitute Bill No. 5595

February Session, 2014



AN ACT CONCERNING COLLATERAL SOURCE PAYMENTS IN PERSONAL INJURY AND WRONGFUL DEATH ACTIONS AND REQUIRED DISCLOSURES UPON THE PURCHASE OF AN ANNUITY TO FUND PENSION BENEFITS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. Section 52-225b of the general statutes is repealed and the
- 2 following is substituted in lieu thereof (Effective October 1, 2014, and
- 3 applicable to actions pending on or filed on or after said date):
- 4 For the purposes of sections 52-225a to 52-225c, inclusive, as
- 5 <u>amended by this act</u>: "Collateral sources" means any payments made to
- 6 the claimant, or on [his] the claimant's behalf, by or pursuant to: (1)
- 7 Any health or sickness insurance, <u>any</u> automobile accident insurance
- 8 that provides health benefits, <u>any managed care delivery system for</u>
- 9 Medicaid benefits, and any other similar insurance benefits, except life
- 10 insurance benefits available to the claimant, whether purchased by
- 11 [him] the claimant or provided by others; or (2) any contract or
- 12 agreement of any group, organization, partnership or corporation to
- provide, pay for or reimburse the costs of hospital, medical, dental or
- 14 other health care services. "Collateral sources" do not include amounts
- 15 received by a claimant as a settlement.
- Sec. 2. Section 52-225a of the general statutes is repealed and the
- 17 following is substituted in lieu thereof (*Effective October 1, 2014*):

(a) In any civil action, whether in tort or in contract, [wherein] in which the claimant seeks to recover damages resulting from (1) personal injury or wrongful death occurring on or after October 1, 1987, or (2) personal injury or wrongful death, arising out of the rendition of professional services by a health care provider, occurring on or after October 1, 1985, and prior to October 1, 1986, if the action was filed on or after October 1, 1987, and [wherein] in which liability is admitted or is determined by the trier of fact and damages are awarded to compensate the claimant, the court shall reduce the amount of such award which represents economic damages, as defined in subdivision (1) of subsection (a) of section 52-572h, by an amount equal to the total of amounts determined to have been paid under subsection (b) of this section less the total of amounts determined to have been paid, contributed or forfeited under subsection (c) of this section, except that there shall be no reduction by the court for (A) a collateral source for which a right of subrogation exists, and (B) the amount of collateral sources equal to the reduction in the claimant's economic damages attributable to the claimant's percentage of negligence pursuant to section 52-572h.

(b) Upon a finding of liability and an awarding of damages by the trier of fact and before the court enters judgment, the court shall receive evidence from the claimant and other appropriate persons concerning the total amount of collateral sources which have been paid for the benefit of the claimant as of the date the court enters judgment. For purposes of this subsection, evidence that a physician or physician assistant licensed under chapter 370, dentist licensed under chapter 379, chiropractor licensed under chapter 372, natureopath licensed under chapter 373, physical therapist licensed under chapter 376, podiatrist licensed under chapter 375, psychologist licensed under chapter 383, an emergency medical technician certified under chapter 368d, optometrist licensed under chapter 380 or advanced practice registered nurse licensed under chapter 378, accepted an amount less than the total amount of any bill generated by such physician, physician assistant, dentist, chiropractor, natureopath, physical

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- 52 therapist, podiatrist, psychologist, emergency medical technician, 53 optometrist or advanced practice registered nurse, or evidence that an 54 insurer paid less than the total amount of any bill generated by such 55 physician, physician assistant, dentist, chiropractor, natureopath, 56 physical therapist, podiatrist, psychologist, emergency medical 57 technician, optometrist or advanced practice registered nurse, shall be 58 admissible as evidence of the total amount of collateral sources which 59 have been paid for the benefit of the claimant as of the date the court 60 enters judgment.
- (c) The court shall receive evidence from the claimant and any other appropriate person concerning any amount which has been paid, contributed or forfeited, as of the date the court enters judgment, by, or on behalf of, the claimant or members of [his] the claimant's immediate family to secure [his] the claimant's right to any collateral source benefit which [he] the claimant has received as a result of such injury or death.
- Sec. 3. (NEW) (*Effective October 1, 2014*) (a) For the purposes of this section:
- 70 (1) "Insurer" means an insurer, as defined in section 38a-1 of the general statutes;
- 72 (2) "Employer" means any person engaged in business in this state 73 who has two or more employees, but does not include the state or any 74 political subdivision thereof; and
- 75 (3) "Employee pension benefit plan" means an "employee pension benefit plan", as defined in 29 USC 1002(2)(A).
 - (b) On and after October 1, 2014, each insurer that issues an allocated or unallocated annuity contract to an employer or an employee pension benefit plan on behalf of an employer, for the purpose of providing retirement benefits to employees of the employer, which annuity contract is not protected under the federal Pension Benefit Guaranty Corporation, shall provide the following

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- disclosures in writing to each employee who is an intended beneficiary of the annuity contract or the employee pension benefit plan not later than fifteen days after the effective date of such annuity contract:
- 86 (1) If the annuity contract replaces or supersedes a pension 87 previously provided under the Employee Retirement Income Security 88 Act of 1974, (A) that the employee will lose protection provided under 89 the Employee Retirement Income Security Act of 1974 and the federal Pension Benefit Guaranty Corporation, and that state law will govern 90 91 the employee's future benefits under the annuity contract, and (B) 92 information regarding any change in the taxation of such annuity 93 payments provided under state law as compared to the taxation of 94 pension benefits provided under the Employee Retirement Income 95 Security Act of 1974;
 - (2) The amount and scope of coverage, if any, that will be provided by the Connecticut Insurance Guaranty Association in the event of the insurer's financial impairment or insolvency, and the conditions that must be met to qualify for such coverage;
- 100 (3) The extent to which annuity payments may be subject to the claims of creditors or avoidance actions in bankruptcy proceedings;
 - (4) Information on the annuity contract terms, including (A) a schedule of premium payments for the annuity contract, and (B) a description of administrative expenses related to the purchase and maintenance of the annuity contract;
 - (5) Information on how the employee may obtain a copy of the most recent report regarding a financial examination or market conduct examination conducted by the Insurance Commissioner, provided such report may be disclosed by the Insurance Commissioner pursuant to title 38a of the general statutes.
- 111 Sec. 4. Section 38a-816 of the 2014 supplement to the general statutes 112 is amended by adding subdivision (23) as follows (*Effective October 1*, 113 2014):

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114 (NEW) (23) Any violation of section 3 of this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2014, and applicable to actions pending on or filed on or after said date	52-225b
Sec. 2	October 1, 2014	52-225a
Sec. 3	October 1, 2014	New section
Sec. 4	October 1, 2014	38a-816

JUD Joint Favorable Subst.